

MISSOURI DEPARTMENT OF HEALTH BUREAU OF SPECIAL HEALTH CARE NEEDS

SEE INSTRUCTIONS	ON	REVERSE	SIDE
PLEASE TYPE.			

1. DCN

			CEDIMORE
PRIOR AL	UTHORIZATION	REQUEST-DENTAL	SERVICES

THIO!					In DATE OF BIRTH	9. SERVICES REQUEST	ED - CHECK ALL API	PLICABLE BOXES	
NAME (LAST, FIRST, MIDDLE	J				3 DATE OF BIRTH	☐ PREVENTIVE		STHODONTICS	
A ADDRESS			5. TELEPHONE NUMBER	☐ RESTORATIVE		L SURGERY			
				☐ ENDODONTICS	☐ ORTHODONTICS				
CITY, STATE, ZIRI					COUNTY	 □ PERIODONTICS □ OTHER 	■ ADJUNCTIVE		
INSURANCE COMPANY NAM	ME				-				
. INSURANCE COMPANY ADD	HESS								
Wellertine not low billion	ED.					10. COST OF SERVICE(S) REQUESTED		
INSURANCE POLICY NUMBI									
ALL REQUESTS FOR	SE	RVICES	MUS	T HAVE PRIOR APPROVA	L BY CENTRAL OFFI	CE			
11. IDENTIFY REFERENCEO	12. T	REATMENT	PLAN:	COMPLETE ITEMS 'A' THROUGH 'E' /	AS APPROPRIATE USING CHAR	T AT LEFT AS REFERENCE.	D,	E	
FACIAL	A. TOOTH A OR VETTER	B, SURFACE		DESC (MCLUDING X-RAYS	G. REPTION OF SERVICE PROPINCAIS MATERIALS USED. ETC.I LINE NO.		PROCEDURE NUMBER	FEE	
SOLAND STATE									
P. R. P. B. B.						Zallara — amar vi sto			
DI CHE I CHO 11 INC.					e of the same of		Tellimone and the		
gu [*] ao •ao •ao	-							1	
£ . 3 £	-				1				
MIGHENT (Fig. 1 - 14 - 15 - 15 - 15 - 15 - 15 - 15 -					
	157				- 2			[
©™©r (©17©) ⊙m⊘s									
Do De o Mono									
05 2 00 00 2 2 190		-							

FACIAL									
					14 1				
					15				
		100000000000000000000000000000000000000							
		1							
					I	ES REQUESTED, NEED 8	EXPECTED OUT	COME	
13. COMPLETE THIS SEC	TION	FOR ORT	HODO	NTIC SERVICES	- 14. DESCRIBE SERVICE	ES REQUESTED, NEED 6	EXPECTED OUT	OOME	
☐ FULL TREATMENT		Ξ.	71.		\ \frac{1}{2}				
☐ ONE PHASE ☐ TWO PHASE									
☐ OTHER	•							11	
	F MAI	LOCCLUS	ION IN	SECTION 14 AT RIGHT.	- 59				
☐ LIMITED TREATME					2 9 8				
DESCRIBE TYPE O	FTRE	ATMENT	IN SEC	TION 14 AT RIGHT.					
STARTING DATE OF TREATM	MENT			INITIAL PAYMENT	F				
ENDING DATE OF TREATME	NT			MONTHLY PAYMEN	пъ		27		
				OR ALLOWED BY THE VENDO	TH COMPEN	SATION FIXED AND AL	LOWED BY THE	DEPARTMENT.	
			RGED	OR ALLOWED BY THE VENDO	16. PROVIDER NUMBER	ON TOTAL TARGET	17, TELEPHONE N	UMBER	
15. SIGNATURE OF APPROVI	ED DE	NUSI			686			9	
18. DATE	19.	TYPED NA	ME OF P	PROVIDER OF SERVICE	20. ADDRESS (STREET, CI	TY, STATE, ZIP)		7.5	
PALLON HOT ONLY		v to the sector		religion of the Section 2 when the			建设电路 医乳	A COLUMN TO SHARE THE PARTY OF	
BSHCN USE ONLY		COMMENT			Maria Carlos Carlos Horas	25. PARTICIPATION	26. EFFECT. DATE	27. EXPIR. DATE	
☐ 21. APPROVED	27		-						
22. PENDING				39		28 PROCESSED BY		29. DATE	
☐ 23. DENIED						1			